		N IS FOR TOWN OFFICIAL REVIEW & SIGNATURES
PROPERTY LOCATION / STREET ADDR	1688 165	STORRS RUAD
	Managara (Marana)	AGENT SECTION
In reviewing and approving provisions have been met:	any application	n for a permit, the Town officer shall determine that the following
All applicable regulation:	ons have been me	plicable fee has been paid. et or varied by the modification process. pproved Denied Granted Denied Expiration Date: ///
	ОТІ	HER APPROVALS REQUIRED
F'		s with local Inland Wetlands, Health District and Public Works be required and any conditions of approval shall be incorporated into
	OTIFY HEALTH	DIRECTOR IF CUTTING OR FILL IS 12" OR GREATER**
DIRECTOR OF HEALTH	DATE	COMMENTS
INLAND WETLAND AGENT	DATE	COMMENTS
DIRECTOR OF PUBLIC WORKS	DATE	COMMENTS
☐ Approved as subm ☑ Approved with mod ☐ Denied. The following comments, co	itted. dification or conc ondition(s) of ap	ch are attached to or referenced on this form, the permit has been: ditions as stated below. pproval or reason(s) for denial apply: NTO STREET ALLOWED
)		
AUTHORIZED AGENT: SIGN	NATURE RL	DATE 6/13/17

